

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

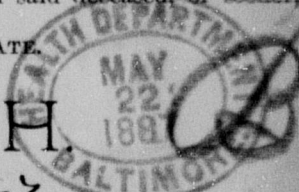
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99932 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, May 20th, 1887.

Full Name of Deceased, Joseph Francis
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 3 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1901 Bank St.
{ Give Street and Number. }

Cause of Death, Myocardial Infarction
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 23rd 87

Undertaker, E. Francis M. D.

Medical Attendant.

Place of Business, Jon R & Wolfe Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

9933

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death, May 21. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Bardelman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 84 Years, / Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Carroll Co Md 33 years

Place of Death, { Give Street and Number. } 1825 Kammann Ave.

Cause of Death, { First (Primary), Old Age }
{ Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, May 23. 1887

{ Undertaker, E. France }

{ Place of Business, E. France & Wolf & Co Address, }

J. H. Hollenberg M. D.
Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99934 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, May 22, 1887

Full Name of Deceased, Aline Robinson
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Female or Male, { Cross out the word not required in this line. }

Age, 5 Years, 7 Months, 7 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Balto. Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 408 Clinton Ave
{ Give Street and Number. }

Cause of Death, Phthisis
Exhaustion
3 mos
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharnfest Cemetery

Date of Burial, May 24 1887

Undertaker, Alex. Hensley

Place of Business, 561 Orchard St Address, 607 Franklin

Edw. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99935 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.



Date of Death, May 22, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phed Crispin Stallings

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 0 Months, 1 Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Mount Airy, Ind.

Duration of Residence in the City of Baltimore, One month.

Place of Death, { Give Street and Number. } 1718 Johnson Street

Cause of Death, { First (Primary), Second (Immediate), } Capillary Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 23

Undertaker, Charles Chas. H. Neff M. D. Medical Attendant.

Place of Business, 115 E. West Address, 763 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99936 Office of Registrar of Vital Statistics.

Ward 8th

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CERTIFICATE OF DEATH



Date of Death, May 22 / 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. G. McCulloch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 Years, 5 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Bakesman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lynchburg Va.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. } No 1122 Barclay St

Cause of Death, { First (Primary), Second (Immediate) } Cardiac Disease with Dropsy

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Lynchburg Va.

Date of Burial, May 23rd 1887

{ Undertaker, McCoy

{ Place of Business, 227 Myddelton St

Wm. Whitebridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99937

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, May 21 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos W. High
Thos Heck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 27 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, See his life

Place of Death, { Give Street and Number. } 613 S Howard St

Cause of Death, { First (Primary), Second (Immediate), } Influenza

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Lauril Cemetery

Date of Burial, May 23 1887

Undertaker, Hercules Ross

Shepard Corbin M. D.
Medical Attendant.

Place of Business, 404 E. Pratt St Address, 518 Hammond St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 99938

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99938 Office of Registrar of Vital Statistics.

Ward 18

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CERTIFICATE OF DEATH



Date of Death,

May 21st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Garrison

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

79

Years,

Months,

Days.

Color,

Colored

~~Married~~, Single, Widow, or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Washwoman

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Accomac Co. Va.

Duration of Residence in the City of Baltimore,

9 months

Place of Death,

{ Give Street and Number. }

675 Ohio St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

apoplexy of brain
General Phlebotomy

Duration of Last Sickness,

2 weeks and 4 days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's Cemetery

Date of Burial,

May 23 1887

Undertaker,

Frederick McSorley

C. H. Hoffman

M. D.

Medical Attendant.

Place of Business,

404 Conroy St.

Address,

702 W. Fayette St.

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[OVER.]

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No. 99939

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99939 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Permit to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH

Date of Death, May 22nd 1887

Full Name of Deceased, Abraham Ludan

Sex, Male or Female, Male

Age, 65 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, none

Birth Place, Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, 44 Liberty St.

Cause of Death, Apoplexy

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Floyd St. Cong.

Date of Burial, May 23rd 1887

Undertaker, J. D. Soudheim

Place of Business, 120 N. Greene St. Address, 400 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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No. 99940

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Health Department, City of Baltimore.

Permit No. 99940 Office of Registrar of Vital Statistics. Ward 12

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, May 21 1887

Full Name of Deceased, Charles Maidlow

Sex, Male or Female, Male

Age, 30 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, md

Birth Place, Md

Duration of Residence in the City of Baltimore, all life

Place of Death, 1409 Penmaene

Cause of Death, Consumption of lungs

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, May 23

Undertaker, C. H. Blizzard

Place of Business, 1139 Penmaene Address, 922 Madison ave

G. Lane Tompkins M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

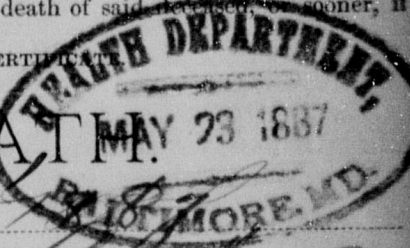
Permit No. 99941 Office of Registrar of Vital Statistics.

Ward 15th

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CERTIFICATE OF DEATH



Date of Death, May 22nd

Full Name of Deceased, Susan H. Lamb C
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 11 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 63 Years

Place of Death, 63 Lee St { Give Street and Number. }

Cause of Death, Diphtheria
paralysis of Heart
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, May 23-87

Undertaker, L. F. Kravitz Superior M. D. Medical Attendant.

Place of Business, 703 Hanover Address, 578 Hanover

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